

# Foreign Visiting Traveler Payment Form University of Florida

This form is used for foreign visiting travelers that may experience delivery problems with their check. The form must to be completed and submitted to the Travel office 5 business days prior to the visit to ensure the timely receipt of payment.

Traveler's Name: \_\_\_\_\_  
 LIFID: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Travel Dates: \_\_\_\_\_  
 TA Number: \_\_\_\_\_

**Chartfields and Estimated Expenses for the Travel Expense Report:**

Travel Chartfields		Travel Expense Type	Amount	Method of Payment (Direct Payment, UF Pcard, Personal Funds)
DeptID:		Lodging:	\$	
Fund:		Meals:	\$	
Program:		Airfare:	\$	
Account:		Car Rental:	\$	
Source:		Taxi:	\$	
Flex:		Mileage:	\$	
ID:		Parking:	\$	
CRIS:		Portage:	\$	
Projects:		Tips:	\$	
PC BU:		Misc.:	\$	
Project ID:				
Activity:		<b>Total Amount:</b>	<b>\$</b>	

**Description of Travel: (Must be completed)**

**Business Purpose and Benefit to the University: (Must be completed)**

**Information for Check Pickup at Elmore Hall:**

Contact Person: \_\_\_\_\_  
(Name)  
 \_\_\_\_\_  
(Phone)

**Certification:**

I certify that all information is factual, accurate, and this document is a realistic estimate for the visiting travel.

Submitted by: \_\_\_\_\_  
Name (typed)      Name (signature)      Date

Complete the form and send to Travel, PO Box 115350, 116 Elmore Hall or fax to (352) 392-0081.